



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 November 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Clare Moorcroft, Interim Head of Corporate Governance

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:

[Welsh Health Specialised Services Committee Website](#)
[Emergency Ambulance Services Committee Website](#)
[NHS Wales Shared Services Partnership Website](#)

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the [Mid Wales Joint Committee for](#)

[Health and Care](#) whose role will have a strengthened approach to planning and delivery of health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

The NHS Wales Collaborative Leadership Forum was constituted in December 2016. As the responsible governance group for the NHS Wales Health Collaborative it has been established to agree areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement. The forum also considers the best way to take forward any work directly commissioned by Welsh Government from Health Boards and Trusts as a collective; and provides a vehicle for oversight and assurance back to Welsh Government as required. Assurance is given to individual Boards by providing full scrutiny of proposals.

Asesiad / Assessment

The following Joint Committee and Collaborative updates are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)

- Briefing notes from the WHSSC meeting held on 8th November 2022, setting out the key areas of discussion.

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 22nd September 2022.

Mid Wales Joint Committee for Health and Care (MWJC)

- Update report from MWJC meeting held on 31st October 2022.

There are no further Joint Committee or Collaborative updates to include for the following reasons:

Emergency Ambulance Services Committee (EASC)

- The confirmed minutes of the EASC meeting held on 6th September 2022 and report from the meeting held on 8th November 2022 have not yet been confirmed.

NHS Wales Collaborative Leadership Forum (CLF)

- The CLF has not met since the previous Board meeting.

Argymhelliad / Recommendation

The Board is asked to receive the minutes and updates in respect of recent WHSSC, EASC, NWSSP, MWJC and CLF meetings.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:
Datix Risk Register Reference and
Score:

Not applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee Mid Wales Joint Committee for Health and Care NHS Wales Collaborative Leadership Forum

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	The Board has approved Standing Orders in relation to the establishment of WHSSC, EASC and NWSSP Joint Committees, and Terms of Reference for the CLF and MWJC.
Cyfreithiol: Legal:	In line with its Standing Orders, the Health Board has established WHSSC, EASC and NWSSP Joint Committees, the activities of which require reporting to the Board.

Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – OCTOBER 2022

1. Introduction

The Mid Wales Joint Committee met virtually via Zoom on 31st October 2022. The main focus of the Joint Committee's business was to discuss latest update on the Mid Wales Priorities and Delivery plan for 2022/23, proposed future arrangements for the Joint Committee and the Rural Health and Care Wales work programme for 2022/23. Members of the public were offered the opportunity to submit any questions in advance of the meeting as well as being able to join the 'live' meeting to observe and ask any questions / raise any concerns during the Listening to You session.

2. Mid Wales Priorities and Delivery Plan 2022/23

The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning & Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee. The main focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

For 2022/23 the priority areas for joint working across Mid Wales are based on the clinical priorities developed by the Mid Wales Clinical Advisory Group and the key actions within organisational COVID-19 recovery plans and IMTPs in order to support the Welsh Government's expectation for Health Boards to work together to deliver regional solutions to meet the demand of both COVID and non-COVID pathways and work together, across organisational boundaries, to plan and deliver on a regional basis. These priorities will focus on a whole pathway approach with regional links between primary, secondary, community and social care with a Value Based Health Care approach.

Key points to note are as follows:

- **Social and Green Solutions for Health**

Progress on this priority has been delayed due to its reliance on the national work being undertaken by the Welsh Government on the development of an All Wales Framework. The scoping of Social Prescribing in Wales has been completed and the "Understanding Social Prescribing in Wales" report made public in May 2022. The consultation on National Framework for Social Prescribing was launched on 2nd August 2022 with the closing date for feedback on 20th October 2022. The new framework will set out standards, guidance and actions developed at a national level to ensure a consistency of delivery across Wales.

- **Ophthalmology**

The Joint Clinical Lead for Eye Care services / Consultant Ophthalmologist for Mid Wales, which is now a joint arrangement between Powys Teaching Health Board and Hywel Dda University Health Board, was advertised in September 2022 and no applications were received for this post. A meeting of the Mid Wales Ophthalmology group has been arranged for 16th November 2022 on the available options and next steps for this Mid Wales leadership role which has been out to recruitment on three occasions over the last three years. Alternative options which will be considered for this role include

Optometrists and specialist nurses supporting this role. The preferred option will be presented to the Mid Wales Clinical Advisory Group for their approval.

- **Community Dental Services**

A meeting was held on 11th October 2022 with the Hywel Dda University Health Board and Powys Teaching Health Board Dental leads and Bronglais General Hospital General Manager to discuss next steps with the following agreed:

- Referrals for Hywel Dda University Health Board patients (North Ceredigion) to the Newtown clinic for intermediate oral surgery service for complex extractions to be resumed as from January 2023 (start date to be confirmed).
- Work to be commenced on exploring the feasibility of an integrated service for a General Anaesthetic special care service at Bronglais General Hospital.

- **Urology**

Following a number of discussions, the Mid Wales Clinical Advisory Group, agreed that the top three clinical priorities would be 1. Urology, 2. Palliative Care and 3. Rheumatology. A successful first workshop was held on 12th September 2022 (rearranged from 23rd June 2022) to ascertain what current Urology pathways looked like and what the current issues were. Issues identified include monitoring of PSA levels, challenges with capacity in the system and a lack of defined pathway. A second workshop has been arranged for 29th November 2022 to review data and feedback from GP Practices on the current processes in place for monitoring patients.

- **Cross Border Workforce solutions**

The first cohort of nursing students commenced their studies at Aberystwyth University in September 2022. Health Education and Improvement Wales awarded a Welsh Government-funded contract to Aberystwyth University to educate both adult and mental health nurses. The new degree courses offer students who started their studies this year the opportunity to study up to half of their course through the medium of Welsh and will include placements in a range of rural community settings across Mid Wales.. Nursing education at Aberystwyth University has been developed with the support of several partners, including Hywel Dda, Betsi Cadwaladr and Powys Health Boards as well as service users and carers.

To support this Aberystwyth University has created a suite of high-quality clinical practice rooms within its new Healthcare Education Centre, which is located opposite Bronglais General Hospital, Aberystwyth. The £1.7 million development was supported by a grant of £500,000 from the Welsh Government. A central part of the new site is a Clinical Skills Unit with high-fidelity simulation areas that reflect the patient's journey from home and community services through to assessment, planned and acute care. The new teaching equipment includes virtual reality headsets for experiencing ageing and life-size human models that simulate a wide variety of health conditions.

A presentation on workforce modelling provided to the Mid Wales Planning and Delivery Executive Group on 3rd October 2022 was provided by the Hywel Dda University Health Board Workforce Director. The Hywel Dda model which included planning assumptions regarding vacancies, recruitment, training, retention, support worker development etc. was outlined. This could provide a basis for developing a standard template/model approach to outline key interventions planned to address nursing workforce and their associated planning assumptions and also used to model scenarios over the next 5 years to help identify gaps/actions. The consolidated position for the three Health Boards was

outlined and it was agreed that further work be undertaken to between the three Health Board workforce teams to identify the Mid Wales position.

- **Clinical Strategy for Hospital Based Care and Treatment and regional solutions**

The Bronglais General Hospital Strategy Implementation Group met on 15th September 2022 with a focus on undertaking a stocktake of the current position. A review of the strategy is to be undertaken to ensure it is up to date post the COVID-19 pandemic. This review is being supported by the Mid Wales Joint Committee team. The review paper is planned to be presented to the Hywel Dda University Health Board meeting on 24th November 2022. Once the review is complete the strategy will be brought back as a reviewed strategy to ensure it aligns with other plans.

3. Mid Wales Clinical Advisory Group

The Mid Wales Clinical Advisory Group, whose role is to provide clinical advice and make clinically based recommendations, meets bi-monthly. For this reporting period the main focus of work has been on its top priority clinical pathway - Urology. The group has also received updates on the Mid Wales Priorities and Delivery Plan 2022/23, Bronglais General Hospital Strategy, North Powys Wellbeing Programme, recruitment for the Joint Clinical Lead post in Eye Care service and future arrangements for the Mid Wales Joint Committee.

The group noted that Health Boards are being challenged by Welsh Government to start counting delays in hospitals and that Mid Wales is challenged by cross border delays. The next meeting on the group will consider delays in Hospitals including Repatriations and Transfers with members to share their ideas on shared pathways and shared learning

4. Future arrangements for the Mid Wales Joint Committee

Following a post COVID-19 review of the Joint Committee, the detailed proposals on the future arrangements for the Mid Wales Joint Committee have been agreed as follows:

- Joint Committee meetings to be replaced with one annual planning meeting and one annual conference to receive updates on the delivery of the plan.
- Development and delivery of Mid Wales Joint Committee priorities and delivery plan to led by the main Joint Committee sub-groups - Mid Wales Planning and Delivery Group and Mid Wales Clinical Advisory Group.
- Establishment of a Mid Wales Social Care group in order to strengthen the focus on Social Care and the alignment of plans for social care services across Mid Wales.
- Bi-annual Mid Wales plans/reports to be reported to Health Boards and Local Authorities for monitoring and scrutinising.
- Existing engagement and involvement mechanisms for Health Boards and Local Authorities to be used as the main tools for Mid Wales engagement and involvement.
- Explore a more permanent arrangement for Rural Health and Care Wales and an academic home will be explored for Rural Health and Care Wales with the Chair post to be fulfilled by an academic role.

5. Mid Wales Strategic Commissioning Group

The Mid Wales Strategic Commissioning Group was established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. The Group met on 4th July 2022 at which it was agreed that i) Betsi Cadwaladr University Health Board and Powys Teaching Health Board would circulate to the group their commissioning requirements and ii) Hywel Dda University Health Board would circulate the outputs of the work being undertaken to identify what additional capacity was available. Following this, two potential areas - Colorectal and Rheumatology - where there may be potential opportunities for Hywel Dda University Health Board to provide additional capacity were identified and work undertaken to date is as follows:

- Colorectal - Hywel Dda University Health Board has established a Task and Finish Group meeting to look at establishing colorectal clinics at Newtown and a Mid Wales colorectal pathway within a timescale of 6 months. Data on current activity, current waiting lists and potential capacity for Powys Teaching Health Board to provide endoscopy services will be considered at its next meeting.
- Rheumatology - The job description for the Consultant in Rheumatology post, to be based at Bronglais General Hospital, has now been approved by the Royal College.

Work is being undertaken to explore support across the three Health Boards for the Covid-19 recovery programme.

6. Update on Key Programmes across Mid Wales North Powys Wellbeing programme

The Strategic Outline Case for the multi-agency campus in Newtown was submitted to the Welsh Government in Spring 2022. Work has commenced on the development of the Outline Business Case which is planned to be submitted to the Welsh Government in 2023.

Workshops have been arranged for November 2022 which will be concentrating on five key areas including Mental Health, Diagnostics and Planned Care, Social Model for Health, Integrated Community Model and Children and Young People. This will support the work on scoping what can be done in North Powys and what can be done in conjunction with neighbouring Health Boards. Work will commence in January 2023 to look at how pathways will work.

Hywel Dda University Health Board: A Healthier Mid and West Wales Programme Business Case - Detail on Bronglais General Hospital

The implementation of the Bronglais General Hospital: Delivering Excellent Rural Acute Care' is one of Hywel Dda UHB's Planning Objectives. 'Planning Objective 5F: Fully implement the Bronglais Hospital Strategy over the coming three years as agreed at Board in November 2019, taking into account the learning from the COVID-19 pandemic. The Programme Business Case Hywel Dda University Health Board's A Healthier Mid and West Wales: Our Future Generations Living Well supports the delivery of this strategy.

The Bronglais General Hospital Strategy Implementation Steering Group leads on the development and implementation of a phased approach to the delivery of the strategy. Work to implement the strategy has slipped during COVID-19, but progress has been made against a number of areas including reducing the number of single handed consultants and developing a frailty model for the site.

A review of the strategy is currently being undertaken to examine what has been learned from the changes made during the pandemic which will influence and enhance the actions set out in the plan. This review is being supported by the Mid Wales Joint Committee team. The review paper is planned to be presented to the Hywel Dda University Health Board meeting on 24th November 2022. Once the review is complete the strategy will be brought back as a reviewed strategy to ensure it aligns with other plans. Project management resource in order to support for the implementation of the strategy is being explored.

7. Rural Health and Care Wales

The two-day Rural Health and Care Wales Conference will be held on 8th and 9th November 2022 and will once again staged as a hybrid event, an in-person audience at the Royal Welsh Showground, Builth Wells, and live streaming for online access. The Conference theme for this year is 'Learning from the Past, Looking to the Future – a focus on best practice, innovation and research that is driving delivery in health and care services in rural Wales with the following conference strands:

- Lessons learnt from the Covid-19 pandemic and their impact on Rural Health and Care;
- The delivery of integrated Health and Care services in Rural areas;
- The role of Rural Communities in Health and Care;
- Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas;
- Social / Green Prescribing and their impact on Health and Wellbeing;
- Recruitment, Retention and new roles in Health and Care in Rural areas;
- Education, Training and Continuous Professional Development for Health and Care professionals working in Rural areas.

8. Delivering Value in Rural Wales

Following a review of the Value Based Health Care Project Manager joint post, which was established for an initial period of 12 months, it was agreed by the three Health Boards that the role should not continue beyond its initial establishment period. The decision was based on the fact that two of the three key actions, establishment of connections between Value Based Healthcare teams for the three Health Boards and the case based education programme around delivering Value Based Health Care, had been delivered. The one outstanding action was in relation to utilising academic collaborations including a Professorship in Health Economics post at Aberystwyth University, supported by two Postgraduate Research Fellows, to deliver a body of research on what the unique challenges were for delivering Value Based Health Care in a rural economy and how to look beyond these challenges. An appointment was made to Professorship in Health Economics post in August 2022 and when in post they will lead on the recruitment to the Postgraduate Research Fellows.

9. Membership of the Joint Committee

Lead Chair

Maria Battle, Chair of Hywel Dda University Health Boards, has taken on the role of Interim Lead Chair for the Joint Committee in place of Professor Vivienne Harpwood whose role as Chair of Powys Teaching Health Board ended on 16th October 2022. Thanks were extended to Professor Harpwood for her support and leadership of the Mid Wales Joint Committee and the former Mid Wales Healthcare Collaborative over the last 8 years

Other changes to leadership roles across Mid Wales include:

- Jack Evershed ended his role as Chair of the Mid Wales Public and Patient Engagement and Involvement Forum on 31st July 2022. This role will no longer continue with engagement and involvement with the Mid Wales population being undertaken through existing mechanisms for Health Boards and Local Authorities had strengthened significantly over the years.
- Carl Cooper has been appointed as the new Chair of Powys Teaching Health Board for a term of four years and commenced in the role on 17th October 2022.
- Dylan Owen has replaced Morwena Edwards as the Corporate Director Lead for Adult Social Services and Health (Strategic) for Gwynedd Council.
- Nina Davies has replaced Alison Bulman as the Director of Social Services for Powys County Council.
- Audrey Somerton Edwards has been appointed to the role of Interim Statutory Director of Social Services for Ceredigion County and will replace Sian Howys who has recently retired.

10. Mid Wales Joint Scrutiny Working Group

Following the Local Authority elections in May 2022 the Ceredigion County Council and Gwynedd Council representation on the Mid Wales Joint Scrutiny Group has now been confirmed. Powys County Council ceased their membership of this group due to restructuring and pressures on time, however, it is hoped that they will be in a position to re-engage with the group in the future.

The Mid Wales Joint Scrutiny Group will be meeting at a time and date to be confirmed to discuss its work programme and to consider what members wish to scrutinise following the Joint Committee meeting held on 31st October 2022.

11. Feedback from the public

Matters raised by the public during the Joint Committee meeting included the following:

- Concerns over how much engagement Betsi Cadwaladr and Hywel Dda University Health Boards have had with Powys Teaching Health Board regarding the new development at Bro Ddyfi, Machynlleth.
- Difficulty in accessing GPs at the Tywyn Medical Practice.
- Proposed closure of the air ambulance sites at Caernarfon and Newtown.
- Lack of a Minor Injuries Unit at Tywyn Hospital.
- Reduced number of beds at Tywyn Hospital.
- Lack of NHS Dentistry services in the South Meirionnydd area.

Given the wide ranging issues raised the Interim Lead Chair agreed to ask the Chair of Betsi Cadwaladr University Health Board and Powys Teaching Health Board for public meetings to be held at Tywyn and Machynlleth to allow members of the public the opportunity to share their concerns directly with the Health Boards. The Mid Wales Joint Committee offered to help facilitate these meetings should the individual Health Boards require support.

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	22 September 2022
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Matters Arising – Recruitment</u>	
<p>G Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal update on the position with the pre-employment checks software system.</p> <p>The Home Office have announced that from 1st October 2022 organisations will be able to use a certified Identification Document Verification Technology service provider to carry out digital identity checks on their behalf for those appointees who have an in-date UK or Irish Passport or Share Code. Those who do not meet these criteria will still require a face-to-face pre-employment check from 1st October 2022. Without this system, all appointees would require a face-to-face pre-employment check meeting.</p> <p>NWSSP Recruitment Services have procured a service provider to enable digital identity checks for NHS Wales as part of the Recruitment Modernisation Programme, which will be implemented on 28th September 2022. This will improve the experience for appointees and also provide process efficiencies for NWSSP Recruitment Service and internal Health Board/Trust recruitment services such as Medical and Bank Recruitment, as most appointees will be able to complete their pre-employment checks via this route. NWSSP have agreed to fund this software for the first year for all organisations due to the benefits this will bring to NHS Wales.</p> <p>The Committee NOTED the update.</p>	
<u>Matters Arising – Programme Management Office Highlight Report (Student Awards).</u>	
<p>G Hardacre provided members with an update on the replacement of the Student Awards system which had been noted at the May Committee as a red risk within the Programme Management Office Report. He reported that good progress was</p>	

now being made with the new system having received confirmation of funding from Welsh Government and the conclusion of the procurement process he now expected the new system to be in place and fully operational by April 2023.

The Committee **NOTED** the update.

Deep Dive – Energy Price Risk Management Group

Eifion Williams (EW), Chair of the Energy Price Risk Management Group (EPRMG), introduced a deep dive into the work of the Group, particularly focusing on recent weeks and months, due to the significant increase in energy prices.

EW has chaired the EPRMG since it was set up in 2005. Prior to that electricity and gas was purchased on behalf of NHS Wales by an individual Procurement Officer who would purchase for the year ahead with little strategic input. The Group was established with representation from all NHS Wales organisations together with a British Gas market specialist who provides an overview of the energy market at each meeting. Based on this, the Group considers its pricing strategy. Currently British Gas provide both electricity and gas to NHS Wales and there is an ability to purchase energy on a monthly or quarterly basis. The Group currently meets on a weekly basis to consider its purchasing strategy but in times of extreme volatility (e.g. when Russia first invaded Ukraine) it has met three times a week. Prices are monitored daily which enables tranches of volumes of energy to be secured when appropriate.

EW demonstrated the current volatility in the market through a comparison of prices in the month of August for the last five years. Between 2018 and 2021 inclusive, the price being paid for gas by NHS Wales in each August was in the range of 39p to 44p a therm. In August 2022, the price per therm was 281p. The same comparison for electricity saw a range of £40 to £47 per megawatt hour between 2018 and 2021 and the price in August 2022 was £218. The price had been falling prior to the Ukraine conflict, and is also affected by the weather, the world economy outlook, and the price of oil. Although the price of energy is totally unpredictable, the forward purchasing strategy adopted by the EPRMG delivered savings of £33.8m for NHS Wales against the actual average daily cost of gas and electricity in 2021/22. It is also important to note that the prices quoted are the global prices on the energy markets which all suppliers use.

The current contracts with British Gas are due to end in March 2025 for electricity and March 2027 for gas. British Gas has given notice that it will not seek new Commercial energy contracts but will fully support existing contracts. Whilst the EPRMG has served NHS Wales well, there was a need to consider whether the current approach remains the best option for NHS Wales given the volatility in the energy market. Liaison is currently taking place with Crown Commercial Services to assess the options that they have available. It was agreed that EW would come back to the Committee later in the year to provide an update on progress.

The Committee **NOTED** the presentation.

Chair's Report

The main update was on the planned IMTP / Committee development sessions, where invites have been issued for Friday 11th November. The Chair stressed the importance of attending and that if members cannot make this date that they nominate another Executive Director to attend in their place.

The NWSSP Senior Leadership Group held a number of internal workshops to provide some initial reflections and ideas for the sessions. The indicative agenda will focus on where NWSSP will be in 2033, assessing where we feel NWSSP is now, identifying opportunities to improve and develop further, and taking a fresh look at our strategic objectives and overarching goals/outcomes. There will also be some discussion on our appetite for risk as a Committee.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The CEO NHS Wales / DG Health and Social Care Group WG wrote in July confirming acceptance of NWSSP IMTP recognising the continued development and maturing of integrated planning across NWSSP and demonstrating the positive position that the organisation is in as we move from the pandemic towards recovery. The letter highlights the continued role of the Committee to scrutinise and monitor progress against the plan throughout the year;
- As part of the decarbonisation work the NWSSP Head of Operations – Procurement Services, is currently working with Health Boards, Trusts, and Special Health Authorities, in reviewing fleet management arrangements with the purpose of defining a common set of data standards and management information to support the decarbonisation agenda. Specialist Estates Service is also supporting Health Boards in establishing a national infrastructure plan for electric vehicle charging. Health Boards have been approached to nominate representatives to sit on the various decarbonisation sub-groups that support the above agendas;
- The Payroll team within Employment Services are currently experiencing an exceptionally busy period responding to the implications of the recent pay rise and processing of pay arrears. This is in addition to implementing the changes to the pension tiers.
- The NWSSP Medical Director, has been asked to work with health organisations to review how the Single Lead Employer rotational and recruitment processes can be further streamlined to improve overall experiences for the trainees; and
- In terms of major projects, the Laundry and TrAMs projects are continuing but in the context of extreme limitations on available capital funding. In particular NWSSP were waiting for formal feedback from WG on the laundry OBC scrutiny panel.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Chair's Appraisal Process

G Hardacre, NWSSP Director of People, Organisational Development and Employment Services introduced a report setting out a proposed revised formal framework process for the appraisal of the Chair.

Following discussion, the Committee **APPROVED** the revised framework which will be implemented during the next few months and **AGREED** to increase the Chair's time commitment given the requirements of the role. Committee members asked to review the various time commitments of the other Chairs at other NHS organisations at the next November meeting.

Procurement SLA

The Chair reminded Committee members that the Service Level Agreements for 2022/23 had already been agreed at the May meeting. However, it was previously agreed that the Procurement element of the SLA would be brought back for approval as it was important to reflect the recent changes which were as a direct result of implementation of the new procurement Operating Model.

The Committee **APPROVED** the Procurement SLA element.

Provision of Digital Patient Pathways and Remote Advice and Guidance

A Butler, Director of Finance & Corporate Services introduced a number of reports which outlined the procurement for two separate contracts for which funding had already been secured and agreed by Welsh Government. Given the nature of the clinical digital elements of the contracts it was felt important to ensure that DHCW were clear on how they linked into the current strategy and processes.

Following discussion the Committee **NOTED** the reports and **ENDORSED** both contracts. Further discussions would be needed with DHCW to ensure the digital elements were aligned to the national strategies.

Welsh Risk Pool – Risk Sharing Agreement

The Committee received a paper setting out the risk sharing details for the current financial year. Committee members were informed that the proposal within the paper had been endorsed at the Welsh Risk Pool Committee on the 21st September 2022.

The Welsh Risk Pool receives an annual funding stream to meet in-year costs associated with settled claims, the Departmental Expenditure Limit (DEL). When expenditure rises above the DEL allocation, the excess is recouped from Health Boards and Trusts via a Risk Sharing Agreement approved by the Shared Services Partnership Committee. The core DEL allocation is currently £109.435M per

annum for Clinical Negligence, Personal Injury and Redress claims. The 2022/23 IMTP DEL forecast is £134.780M and therefore the estimated Risk Share charge for 2022/23 is £25.345M. In 2021/22 this figure was £16.495m.

The current Risk Share methodology was approved by the Welsh Risk Pool Committee and Directors of Finance in March 2017. The overarching principles are set out below:

- a risk-based contribution, based on size and activity levels;
- a contribution based on paid claims experience over five years; and
- a contribution based on known outstanding claims.

These principles have been translated into five specific measures and a weighting applied to each. This results in those organisations that can demonstrate learning and who have implemented strategies to lower risk weightings benefitting as their share of the overall total should be lower.

Applying these measures to the forecast risk share for the current year has meant that although some Health Boards percentage share has reduced compared to last year, the expected 2022/23 monetary charge has increased for all, due to the substantial overall increase in the total charge to be apportioned.

The Committee **NOTED** the report and **APPROVED** the updated Risk Share charges to NHS Wales for 2022/23.

Items for Noting

All-Wales Agency Audit

The Committee received a paper on audit arrangements for agencies supplying nursing staff.

The Temporary Staffing Group is a workstream which reports directly to the National Nursing Workforce Group (NNWG). The Temporary Staffing Group is responsible for the award and monitoring of contracts for agency workers throughout Wales. The contract was awarded in March 2021 for a period of three years with an option to extend for a further year to February 2025. There are 146 agencies on contract and each agency is aware that failure to abide by the contract specification would result in their removal from the framework.

Implementing appropriate audit measures is essential to ensure that all contracted agencies supplying nurses and health care support staff to NHS Wales uphold the conditions of the contract. Agency audits have typically been undertaken internally on an ad-hoc basis when issues arose rather than via a proactive approach linked to a planned audit programme. Following discussions at the Temporary Staffing Group it was agreed that a robust audit programme should be put in place and that various options to achieve this should be explored, including the use of external audit firms and the potential use of NWSSP Audit & Assurance Services.

The Committee **NOTED** the Report and **AGREED** for NWSSP's Audit and Assurance team to carry out the necessary audits providing an audit specification (All-Wales Agency Audit Checklist) was developed and utilised. A risk-based programme of audits will be undertaken focussing initially on the highest spend and highest usage providers. Usage data will be used to agree a priority list of agencies to be audited. It is anticipated that:

- 30 audits will be carried out per year;
- Audit plans will be annually set out based on provider usage and spend; and
- The audit plan will be discussed and created annually by the Temporary Staffing Group led by procurement.

Based on 30 audits in the first year (2022/23), the total auditor time required would be 60 days at a cost of £19,870. This amounts to less than £3k per Health Board.

Finance, Performance, People, Programme and Governance Updates

Finance – A Butler, NWSSP Director of Finance and Corporate Services reported a balance position at Month 5. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the remaining months of the financial year. Divisions are currently reviewing budgets with a view to accelerating initiatives to generate further benefits to NHS Wales and a potential increase in the distribution. The forecast outturn remains at break-even with the assumption of £4.985m of exceptional pressures funding being allocated from Welsh Government.

The current Capital Expenditure Limit for 2022/23 is £1.947m. Funding for the Welsh Healthcare Student Hub (Student Bursary and Streamlining) was approved in early September. Capital expenditure to Month 5 is £0.366m and plans are in place to fully utilise all available capital funding. A priority list of capital projects is being finalised in case additional funding becomes available later in the year. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service.

The Committee **NOTED** the Report.

Performance – The Committee Members reviewed the KPIs and felt that this was positive position with only six KPIs not meeting target. These in the main related to the recruitment position and call handling within the Payroll Helpdesk. Committee members were asked to advise their organisations that prior notice of local recruitment plans is very helpful in that it enables NWSSP to adapt demand and capacity within teams to meet those peaks in demand. There was also a short-term issue with Payroll call handling in August because of increases in activity driven by the new Doctor intake and rotation, and this was not helped by the loss of the phone system for a few hours. Peaks in demand are also anticipated in September because of the payment of pay award arrears and again

in October because of the pension changes. The Quarter Two individual Performance Reports will be issued at the end of October.

The Committee **NOTED** the Report.

Project Management Office Update – The Committee Members noted the report and in particular the ongoing supplier dispute with regard to the Legal & Risk Case Management system replacement which had temporarily halted the implementation. Contingency arrangements have been put in place to ensure that there is no risk to the continuity of services. A question was raised as to whether projects not covered by the PMO (e.g. the Once for Wales Concerns Management System) should be included in the report. This will be included going forward. It was also suggested that a separate and more detailed briefing on the TrAMs programme would be helpful – this will be issued in December.

The Committee **NOTED** the Report.

People & OD Update – The Committee **NOTED** the Report.

Corporate Risk Register – The Committee **NOTED** the Report. In particular members discussed the risk relating to the threat of industrial action had been added to the register.

Papers for Information

The following items were provided for information only:

- Disposal of Surplus Beds to Moldova;
- Audit Committee Assurance Report;
- Welsh Risk Pool Annual Report 2021/22
- Finance Monitoring Returns (Months 4 and 5)

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees

N/A

Date of next meeting

19 January 2023

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 8 NOVEMBER 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 8 November 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 6 September 2022 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Draft Integrated Commissioning Plan (ICP) 2023-2026

Members received an informative presentation on the draft Integrated Commissioning Plan (ICP) 2023-2026.

Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members noted that the draft ICP was brought to Joint Committee early on in the planning process in order to support Health Boards (HBs) in developing their own Integrated Medium Term Plans (IMTPs), and that WHSSC will work closely with HBs to develop the ICP in line with HB expectations.

Members **noted** the presentation and that the final plan will be considered at the next meeting 17 January 2023.

4. Recovery Update (incl Progress with Paediatric Surgery)

Members received a presentation providing an update on recovery trajectories since the workshops held with the Joint Committee on the 12 July and 6 September 2022.

Member noted updates on recovery trajectories for paediatric surgery recovery and recovery in key speciality areas including for the six accountability conditions specialities – cardiac, neurosurgery, paediatric surgery, bariatrics, thoracics and plastics.

Members **noted** the presentation and that a further recovery update will be provided at the next meeting 17 January 2023.

5. Chair's Report

Members received the Chair's Report and **noted**:

- The recommendation to appoint two new WHSSC Independent Members (IMs) following a fair and open selection process,
- The recommendation to extend the tenure of the of the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel until 31 March 2023,
- Attendance at the Integrated Governance Committee 11 October 2022; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Approved** the recommendations to appoint two new WHSSC Independent Members (IMs) from 1 December 2022 for a period of 2 years; and (3) **Approved** the recommendation to extend the tenure of the Interim Chair for the Individual Patient Funding Request (IPFR) panel until 31 March 2023.

6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- **Paediatric Radiology Consultant Recruitment** - units in NHS England (NHSE) had agreed to host NHS Wales funded paediatric radiology training posts for trainees on the Wales Radiology Training Programme. HEIW are taking this forward,
- **Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update** – Further to the HBs agreeing the approach for engagement at their Board meetings in September 2022, it was planned that the engagement process would commence on 24 October 2022, however this had unfortunately been delayed and the engagement will now commence in November,
- **Evaluation of 4th Thoracic Surgeon activity** - WHSSC supporting the appointment of a 4th consultant surgeon post in CVUHB to provide continued support for the Major Trauma Centre (MTC) and to support the future needs of the service; and
- **Briefing Duty of Candour and Duty of Quality** – WHSSC received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation process on the duty of quality.

Members **noted** the report.

7. Delivering Thrombectomy Capacity in South Wales

Members received a report outlining WHSSC's position on the commissioning of Mechanical Thrombectomy for the population of Wales.

Members noted the proposed plan for a Mechanical Thrombectomy service at the Neurosciences centre, CVUHB and that WHSSC continued to work with CVUHB to progress the Business Case to develop a Mechanical Thrombectomy centre in south Wales and the financial model had been shared and was being worked through. It was proposed that the service would be implemented in a phased approach over a number of years.

Members (1) **Noted** the report, (2) **Noted** the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy and **requested** that a revised report be brought back to the Joint Committee to include additional detail on the networked approach, interdependencies around the network approach and to include additional elements concerning the stroke pathway, (3) **Noted** the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and (4) **Noted** the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.

8. Mental Health Strategy Development

Members received a report advising the Joint Committee of the stakeholder feedback received from the engagement exercise for the Specialised Services Strategy for Mental Health and outline the next steps and proposals to move into implementation of the strategy from April 2023.

Members discussed the need for the demand and capacity work to inform the final version of the strategy and to ensure that it is focussed on delivering sustainable services which offer value for money.

Members (1) **Noted** the stakeholder feedback received from the 12-week engagement exercise on the draft Specialist Mental Health Strategy; and (2) **Agreed** the proposals to:

- Undertake an 8 week consultation process using the draft consultation document,
- Commission demand and capacity modelling with immediate effect; and
- Develop a programme approach to implementation of the Strategy following the consultation exercise; and

(3) **Noted** that the final version of the strategy and the timescales for implementation will need to take into account the demand and capacity modelling.

9. Single Commissioner for Secure Mental Health Services

Proposal

Members received a report presenting the options for a single national organisation to commission integrated secure mental health services for Wales for HBs to consider. The report had been prepared following a request received from WG for the WHSSC Joint Committee to provide the mechanism for the recommendation from the "Making Days Count" review to be considered, and for the Joint Committee to make a recommendation to WG on the preferred option.

Members discussed the report and agreed to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022 in readiness for the Joint Committee meeting 17 January 2023.

Members (1) **Noted** the report, (2) **Considered** the options for a single national organisation to commission integrated Secure Mental Health Services for Wales; and (3) **Agreed** to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022; and (4) **Noted** that the proposal will return to the Joint Committee for decision on 17 January 2023.

10. Gender Identity Development Service (GIDS)

Members received a report updating members about the Gender Identity Development Service (GIDS) for Children and Young People including what the changes mean for children and young people in Wales and next steps.

Members (1) **Noted** the information presented within the report; and (2) **Noted** the information presented at Appendix 1 regarding the decommissioning of the Tavistock and Portman NHS Foundation Trust (TPNFT) and the NHS England (NHSE) transformation programme.

11. Individual Patient Funding Requests (IPFR) Engagement Update

Members received a report seeking support for the proposed engagement process for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.

Members noted that the engagement process would commence on the 10 November 2022 for a 6 week period with key stakeholders, including the All Wales Therapeutics and Toxicology Centre (AWTTC), the IPFR Quality Assurance Advisory Group (QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT).

Members noted that the process adhered to the specific request from WG for the engagement for the IPFR panel ToR and the specific and limited review of the All Wales IPFR Policy.

Members (1) **Noted** the report; and (2) **Supported** the proposed process for engagement for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.

12. COVID-19 Period Activity Report for Month 5 2022-2023

COVID-19 Period

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

13. Financial Performance Report – Month 6 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 6 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 6 for WHSSC is a year-end outturn forecast under spend of £13,711k.

Members **noted** the current financial position and forecast year-end position.

14. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

15. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel

16. Any Other Business

- **Skin Camouflage Pilot Service** – members noted that on 28 October 2022 WHSSC received a formal request from WG following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service. This service will support the national commitment to “Pledge to be Seen”. A further formal update will be provide at the next meeting,
- **CMTUHB Audit Lead Independent Member (IM)** – on behalf of the Joint Committee the Chair formally thanked Ian Wells, IM

CTMUHB for all of his support since he was appointed as CTMUHB audit lead for WHSSC eighteen months ago. The Chair advised that he had been an invaluable member of the team and that WHSSC were extremely grateful to him for his commitment of time and effort, which was especially notable given his normal HB responsibilities; and

- **Retirement of CEO BCUHB** – The Chair acknowledged what would have been Joe Whitehead’s last meeting with the Joint Committee, and on behalf of the Joint Committee offered thanks for her time and commitment to the Joint Committee’s business and wished her well in her retirement.



GIG
CYMRU
NHS
WALES
Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



PARCH
-
RESPECT



PARTNERIAETH
-
PARTNERSHIP



GWELLA AC
ARLOESI
-
IMPROVEMENT
& INNOVATION